TFW

DTO/SR/17 (01-06

Fees pursuant to the Constitute on 12/082004.

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1,020.00

Complete if Known				
Application Number	10/529,080			
Filing Date	September 21, 2005			
First Named Inventor	Norbert ERHARD, et al.			
Examiner Name	Ing Lin			
Art Unit	1725			
Attorney Docket No.	028972.56011US			

32,169/42,028 Telephone

(202) 624-2500

Date September 7, 2006

Approved for use through 07/31/2006. OMB 0651-0032

									
METHOD OF PAYMENT (check all that	apply)							
☐ Check ☐ Credit Car	rd 🔲 Mor	iey Order 🔲	None [] Other (please i	identify):				
□ Deposit Account Deposit Account Deposit Dep	osit Account Nu	mber: 05-1	323 (Docket	No. 028972.56011	US)	Deposit Account N	ame: 23911		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and	1.17								
							416		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION	011 F 1 O-2038.								
1. BASIC FILING, SEARC	H. AND EXAM	MINATION FEES							
	FILING		SEARCH FEES EXAMINATION FEES		TION FEES				
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300 500	150 250	160 600	80 300			
Reissue Provisional	300 200	150 100	0	250	0	0			
2. EXCESS CLAIM FEES	200	100	Ū	Ū	•	Ü			
2. EXCESS CEAM FEES							Small Entity		
Fee Description						Fee (\$)	Fee (\$)		
Each claim over 20 or, fo	or Reissues, e	ach claim over 20	and more th	an in the original	patent	50	25		
Each independent claim	over 3 or, for	Reissues, each in	dependent c	laim more than in	the original pa	atent 200	100		
Multiple dependent clain	าร					360	180		
Total Claims	Extra claim	s Fees(\$)	<u>Fee Pai</u>	d (\$)	<u>Mult</u>	iple Dependence C			
-20 or HP		×	=			Fee(S)	Fee Paid (\$)		
HP = highest number of total c Indep, Claims	laims paid for, if Extra claim	-	Fee Pai	d (\$)					
- 3 or HP	EXII a Ciaiii	X 1 CC3(4)	=	<u> </u>					
HP = highest number of total c	laims paid for, if								
3. APPLICATION SIZE									
If the specification and d		ed 100 sheets of p	aper, the app	plication size fee	due is \$250 (\$	125 for small entit	y) for each		
additional 50 sheets or fi									
<u>Total Sheets</u>	Extra Sheets			additional 50 or fr		Fee (\$)	Fee Paid (\$)		
- 100 =		/ 50 =	R	tound up to a whole	number x		·		
4. OTHER FEES							See Deid (6)		
Non English Consideration \$13	tO foo (no small	antity discount)					Fee Paid (\$)		
Non-English Specification, \$13 Other Three (3) Month Petition	•	•					\$1,020.00		
Care Tines (o) monart editor									
SUBMITTED BY									
	7/1/			agintration No					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jeffrey D. Sanok / Mark H. Neblett

(Attorney/Agent)

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Signature

Name (Print/Type)

Skinner, Tonyia

From:

IP AMEX

IP AME

Sent: To: Thursday, September 12:57 PM

To: Subject: Skinner, Tonyia Docket No.: 028972.56011US - USPTO Credit Card Receipt

Credit Card Information

Credit Card Type: American Express

Credit Card Account #: 7 5 01001

Credit Expiration Date: 10/10

Name as it Appears on Credit Card: Tonyia Skinner USPTO

Payment Amount: \$1,020.00 Date: September 7, 2006

Cost Information

Cost 1: \$1,020.00 Code: Extension of Time Fee

Cost 2: Code: Cost 3: Code: Cost 4: Code: Cost 5: Code: Cost 6: Code:

Request and Payment Information

Description of Request and Payment Information: Extension of Time Fee

(\$1,020.00)

Fee Type: Patent Fee

Application No.: 10/529,080

Patent No.:

Attorney Docket No.: 028972.56011US